Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6006308	B. WING		08/26/2015	
NAME OF	PROVIDER OR SUPPLIER	A	DRESS, CITY,	STATE, ZIP CODE	1 00.20.20.10	
ARBA CARE CENTER OF TOLUCA 101 EAST VIA GHIGLIERI TOLUCA, IL 61369						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMPLETE	
S 000	Initial Comments		S 000			
	Second probationary licensure survey.					
S99 99	9 Final Observations		S9999			
To a constant of the constant	Statement of Licensure Violations				THE PROPERTY OF THE PROPERTY O	
	Section 300.2100 Food Handling Sanitation					
Control of the contro	Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 III. Adm. Code 750).					
	(Source: Amended at 13 III. Reg. 4684, effective March 24, 1989).					
	This REQUIREMENT is not met as evidenced by:					
	review the facility fail sanitizing agent in the	observation and record iled to utilize and monitor a ne only dish washing re has the potential to affect le facility.				
COOL TO MINE PROPERTY.	Findings include:					
	Code 750), at 750.8 (Single-tank, station and spray-type glass for sanitization may temperature of the withan 120 degrees F. kept clean. 3) Chempurposes shall be au Utensils and equipm final chemical sanitiz	ation" Code (77 III. Adm. 30, states: "g) Machines ary-rack, door-type machines s washers) using chemicals be used provided that: 1) The vash water shall not be less 2) The wash water shall be icals added for sanitization utomatically dispensed. 4) tent shall be exposed to the zing rinse in accordance with diffications for time and		Attachment Statement of Licensure	1	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED					
AND PERIOD CONNECTION	IDENTITION TO THOMBEN	A. BUILDING:								
	IL6006308	B. WING		08/2	08/26/2015					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
ARBA CARE CENTER OF TOLUCA 101 EAST VIA GHIGLIERI TOLUCA, IL 61369										
PREFIX (EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE					
water temperature s degrees F. nor less specified by the mad Chemical sanitizers requirements of 21 (other device that acceper million concentrate available and used." The facility's undated that kitchen staff are determine an adequate and "Check wash and dish machine, record policy also states, "Vishould be between 1 Chlorine test strips sparts per million (pproceeding). The Illinois Department of Long Term Care for facility's census is 76 (Administrator) on 8/4. On 8/24/15 at 9:05 a utilized by E5, Dietar meal dishwashing charts of chlorine per no sanitizing agent proceeding dishwashing machine test strip, the reading chlorine per million. On 8/24/15 at 9:45 a verified that there was agent connected to the The facility's 2015 distributed in the facility is 2015 distributed in the fa	e chemical sanitizing rinse thall be not less than 75 than the temperature chine's manufacturer. 6) used shall meet the CFR 178.1010. 7) A test kit or curately measures the parts ation of solution shall be described by the control of the control	S9999								

Illinois Department of Public Health

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING _ IL6006308 08/26/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 101 EAST VIA GHIGLIERI ARBA CARE CENTER OF TOLUCA TOLUCA, IL 61369 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 2 S9999 include no entries for water temperatures or chlorine sanitizer readings for the supper meal dishwashing cycle. There were no logged water temperatures or chlorine sanitizer readings for any mealtime dishwashing cycles for the month of August 2015. On 8/24/15 at 10:10 a.m. E4, Dietary Manager stated that a rinsing agent had been hooked up to the dish machine in the kitchen instead of the chlorine sanitizing agent and there had been no sanitizing agent present for the breakfast meal dishwashing cycle. E5 also verified that dishwashing machine water temperatures and chlorine sanitizer readings should be done after every meal at dishwashing time and logged. (B)

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